

Docket No.: 4661-0114PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Sarman SINGH et al.

Application No.: 10/584,455

Confirmation No.: 4147

Filed: June 22, 2006

Art Unit: 1645

For: METHODS FOR DETECTION OF  
MYCOBACTERIUM TUBERCULOSIS

Examiner: Not Yet Assigned

**REQUEST FOR REFUND**  
**(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

MS 16  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of December 2006 for the above-identified

☒ application ☐ patent

☒ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

	<u>AMOUNT OF REFUND REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>200.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____

<input type="checkbox"/>	patent maintenance fee	_____
<input type="checkbox"/>	first maintenance fee	_____
<input type="checkbox"/>	second maintenance fee	_____
<input type="checkbox"/>	third maintenance fee	_____
<input type="checkbox"/>	patent maintenance fee surcharge	_____
<input type="checkbox"/>	Other:	_____
		_____
		_____

TOTAL REFUND REQUESTED	<u>\$200.00</u>
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III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The total number of the independent claims are three (3), claims 1, 2, and 11, as claim 12 depends from claim 2.


IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated: January 5, 2007

Respectfully submitted,

By 

Mark J. Nuell

Registration No.: 36,623

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Attachment(s)

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DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
20-Dec	1	10584455 4661-0114PUS1		1614	\$200.00	\$106,028.99